

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)	09/856319			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1						51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10						60				
11		6				61				
12		6				62				
13		2				63				
14		4				64				
15		0				65				
16	1					66				
17		1				67				
18		1				68				
19		1				69				
20		4				70				
21		4				71				
22		4				72				
23		4				73				
24		1				74				
25		1				75				
26		0				76				
27		0				77				
28		0				78				
29		0				79				
30		0				80				
31		0				81				
32		0				82				
33		0				83				
34		4				84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
ITAL D.		2				TOTAL IND.				
ITAL D.		69				TOTAL DEP.				
ITAL AIMS		21				TOTAL CLAIMS				
C-1380 (3-78)										

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